State of Michigan
Department of Community Health

Michigan Automated Prescription System (MAPS)
Operational Procedures for Prescription Dispensers & Submitters
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Operational Procedures for Prescription Dispensers & Submitters
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Purpose

The purpose of this document is to outline the Operational Procedures required to be followed by prescription dispensers in the State of Michigan for the purposes of reporting prescriptions dispensed that are considered Schedule II-V drugs as required by Michigan Public Act #231 of 2001.

Terminology

- **ASAP** is the American Society of Automation in Pharmacy. This entity defines the standard prescription reporting format as the "**R.5/95 Telecommunications Format for Controlled Substances**[1]".
- **Dispenser** refers to any entity that dispenses Schedule II-V drugs
- **Processor** is the organization that the State of Michigan has contracted with to provide data collection and management of the prescription information. This entity is GC Services, L.P.
- **State** refers to the State of Michigan
- **Submitter** entails any entity that reports the prescriptions to the processor. This may be an individual dispenser but may also be a corporate entity that accumulates the prescription information from its various dispensing entities.
- **Submitter Id#** is the DEA number if the submitter is an individual dispenser. If the submitter is a collection of dispensers then this is an unique number assigned by the processor.
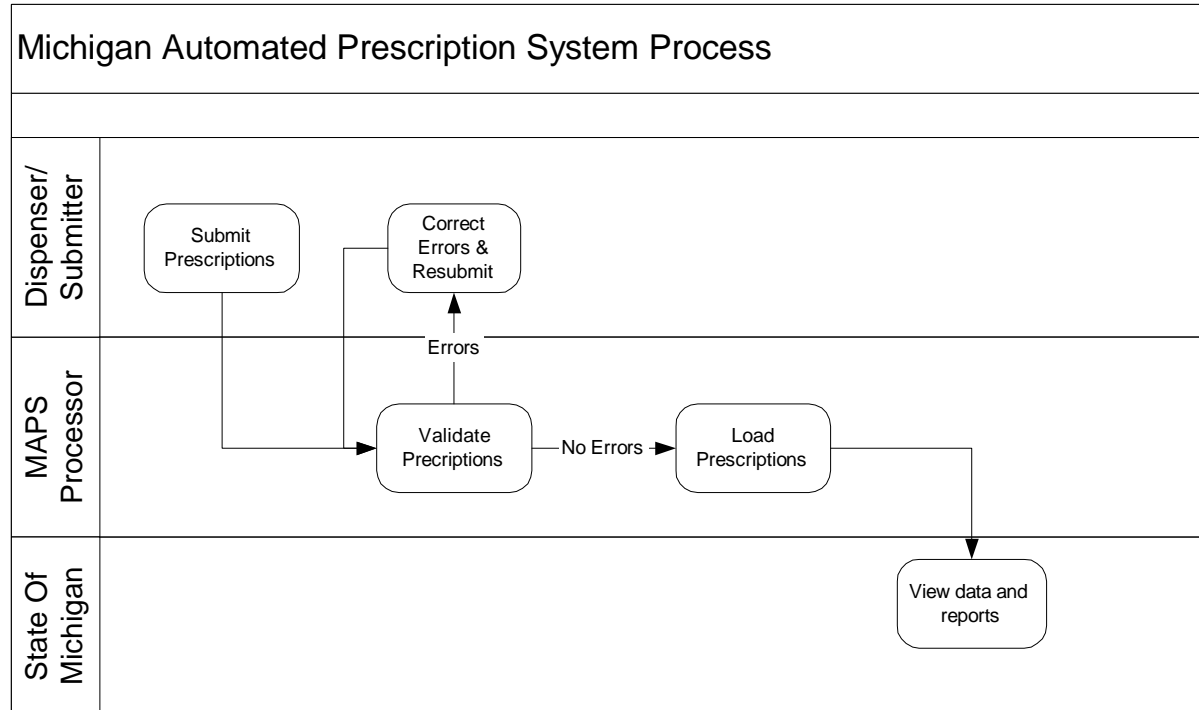
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[1] Format is given in Appendix A.

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Overview

The following diagram illustrates the process for the reporting and acceptance of reported dispensed prescriptions.

As indicated, the dispensing entity is responsible for the data submission and the error correction processes. The remaining document details those processes.

Data Submission

The submitter submits the prescription information for Schedule II-V drugs on a monthly basis. Notification for all prescriptions dispensed for a given month must be received by the State (or designated processor assigned by the state) by the 15th of the following month (ex. all January 2003 prescriptions must be received by February 15, 2003). The submission must be either in an electronic format using the ASAP R.5/95 Telecommunications Format for Controlled Substances or in the form provided in Appendix B.

Any media given by the submitter will be returned to the submitter immediately upon validation of the data.

Data submission of new prescription information can be made in one the following ways:

Email as an attached ASAP file via the Internet
- Address the email to **MAPSData@Michigan.gov**
- The subject line of the email should be "**Pharmacy Name_MMYY**".

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- The file name should be "'**Submitters Id #_MMYY'.dat**". The submitter's id number is a unique number given by the processor to the submitter. If the submitter is an individual dispenser, this will be the DEA #.
- File sizes transmitted in this manner cannot exceed 10 Mb. You may zip/compress a file to meet this requirement.

Data Transmission

Modem to modem Bulletin Board data transfers can be completed if desired.
- The file to be transmitted must be in the ASAP format.
- The file name must be "'**Submitters Id #_MMYY'.dat**"
- The number for establishing the data link is 517-272-5585 (Please contact the GC Services MAPS Support Desk at 517-272-5500 for additional instructions to establish this type of connection.

Diskette

- External label must contain:
  - o Submitter's Name
  - o Submitter's Id#
  - o The number of prescriptions being submitted
- The file must be in the ASAP format.
- The file name must be "'**Submitters Id #_MMYY'.dat**"
- Diskette must be a 3.5" formatted floppy.
- Mail the diskette to GC Services, L.P. at the address shown above

Magnetic Tape

- External label must contain:
  - o Submitter's Name
  - o Submitter's Id#
  - o The number of prescriptions being submitted
- The file must be in the ASAP format.
- The file name must be "'**Submitters Id #_MMYY'.dat**"
- Tape format can be 9 track (1600/6250 bpi, unlabeled) or 3490 tape cartridge
- Record length = 222
- Blocking factor of 10 or 100
- Mail the tape to GC Services, L.P. at the address shown above.

CD-ROM

- External label must contain:
  - o Submitter's Name
  - o Submitter's Id#
  - o The number of prescriptions being submitted
- The file must be in the ASAP format.
- The file name must be "'**Submitters Id #_MMYY'.dat**"
- Record length = 222

- Blocking Factor 10 or 100
- Mail the CD to GC Services, L.P. at the address shown above.

MS Windows Program

A windows-based PC program is available for submitters to data enter the necessary prescription data. The program includes facilities to export the prescription data to a file that can be mailed on diskette or emailed to GC Services per procedures defined above. The program can be downloaded from the http://www3.cis.state.mi.us:/mapsreporting website or can be mailed to you on CD on request.

Paper Form

A submitter who does not have an automated record keeping system capable of producing an electronic report in the ASAP format, may submit prescription information on the Prescription Submission form, included with this document in Appendix B. Mail the completed forms to:

GC Services, L.P.
5015 S. Cedar St, Suite 230
Lansing, MI 48910

Note that prior approval from the Michigan Department of Community Health will be required before paper form submission can be used. See further information on the Michigan.gov/cis website under the "Family and Health Services" link provided on that website for how to request this waiver.

Error Correction

Prescriptions that are submitted will be validated based on edits that have been defined by the State of Michigan. If the information is determined to be invalid (based on rules as set by the State of Michigan) the entire file will be rejected.   Notification of rejected records will be given to the dispenser. Based on the dispenser's preferred method of correction, a file or report of the rejected records and reasons for rejection will be sent to the dispenser. The dispenser is responsible for correcting and resubmitting the records to the State's processor within 10 business days of rejection notification.

The following options are available for notification and correction of the errors:

Online via the Internet

An online Internet browser application is available for dispensers to correct validation errors in prescription data. This is the preferred method for dispensers to correct errors. The procedure is as follows:
- The dispenser will be notified via email that a file did not meet acceptable error thresholds.
- A Username and password must be set up before this functionality is available to the dispenser. Go to web site, to request user name and password.
- The dispenser logs onto the MAPS web site http://www3.cis.state.mi.us:/mapsreporting to view and correct errors.

- When errors have been corrected, click the "Resubmit" button to resubmit the file through the validation process. You will receive an email indicating whether the file passed or failed.
- Log out when completed.

MS Windows Program

If preferred, an MS Windows program (Version #5.0, 97-2000), with a user friendly interface, can be downloaded from the website shown above or mailed on CD. The interface will display the records in error and allow the dispenser to correct the records on the file. The file can be emailed back to the MAPSData@Michigan.gov address or mailed to GC Services on either 3.5" diskette or CD.

Manual Reports

If the online or MS Windows program methods are not acceptable, a report of errors can be mailed to the dispenser. The dispenser will need to manually edit the report and mail it back to the processor. The processor will enter the corrections into the system. Once the file has been accepted, the dispenser will be notified via email or mail.

Contact Information

The State of Michigan will act as the final interpreter of the procedures. Unresolved disagreements between a submitter and the processor will be resolved by the State.

Individual pharmacies are advised to contact their software vendor for compliance and participation modifications and instructions. The processor will answer and work with all vendors. It should also be noted that GC Services has contacted and confirmed with several software vendors and other agencies of their current compliance with the ASAP format. Appendix C has the list of those vendors that were contacted.

GC Services, L.P. is available to provide assistance and information to any entities required to submit data to the State. Technical support is available to help meet the program requirements. Questions concerning interpretation and compliance matters may be referred to GC Services, L.P. at 517-272-5500 or via the MAPSInfo@Michigan.gov email address.

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Appendix A: ASAP Automate Prescription Reporting Format

Following is the format of data to be submitted to the State of Michigan. Please review all notes in the Description field regarding expected contents. Also, the "Field Contents and Error Tolerance" column indicates the percentage of invalid entries that will be accepted on each monthly submission. Note that the State of Michigan reserves the right to change the error tolerances.

ASAP Format: Fixed Width Format – Type Legend: AN=Alphanumeric, N=Numeric				
Srl. No	Field Name (Type)	Description	Positions (Length)	Field Contents and Validation
1.	Identifier (AN)	Transmission Type Identifier – ASB (ASAP Batch)	001-003 (3)	"ASB" (No edits)
2.	BIN (N)	Bank Identification Number	004-009 (6)	Leave blank
3.	Version Number (N)	Version number of ASAP format	010-011 (2)	Must be 01
4.	Transaction Code (N)	Used to identify schedules (01 – stands for controlled substances)	012-013 (2)	Optional
5.	Pharmacy Number (AN)	DEA number assigned to the Dispenser (Note if the prescriber is the same person as the dispenser, the prescriber DEA would be entered here and in field #17.	014-025 (12)	First 9 positions must contain the DEA# of the dispenser.
6.	Customer ID Number (A/N)	Social Security Number, Driver's License Number or State ID	026-045 (20)	Cannot be blank.
7.	Customer Zip Code (A/N)	3 digit U.S Postal Code identifying the state code (first 3 characters of zip code) for the purchasing customer.	046-048 (3)	Optional
8.	Birth Date (N)	Customer's Birth Date (YYYYMMDD)	049-056 (8)	Must be a valid date, not subsequent to the batch start date and not subsequent to the Date Rx written.
9.	Sex Code (N)	Sex of the Customer (1=M, 2=F, 3= Animal, 4= unknown)	057-057 (1)	No edits
10.	Date Filled (N)	Date the prescription was filled	058-065	Must be a

			(YYYYMMDD)	(8)	valid date and cannot be prior to the Rx Written Date. For Schedule 2 drugs, this date cannot be more than 60 days subsequent to the Rx Date. For Schedules II-V, this date cannot be more than 6 months subsequent to the Rx Date.
11.	Rx Number (N)	Prescription Number	066-072 (7)		Cannot be blank.
12.	New-Refill Code (N)	Code indicating whether Rx is new or refill (00-New, 01-99=Refill number)	073-074 (2)		Must be numeric
13.	Metric Quantity (N)	Number of Metric Units of drug dispensed	075-079 (5)		Must be a number greater than zero.
14.	Days Supply (N)	Estimated number of days the prescription will last	080-082 (3)		No edits
15.	Compound (N)	Code indicating if the medicine is a compound prescription Following codes are valid: 0 – Not specified 1 – Not a compound 2 – Compound	083-083 (1)		Must be 0, 1 or 2.
16.	NDC Number (N)	National Drug Code number (5-4-2 format)	084-094 (11)		Must be a valid NDC drug code.
17.	Prescriber ID Number (AN)	DEA number of the prescribing physician (Note – For mid-level practitioners, this field must contain the DEA # of delegating practitioner.	095-104 (10)		Must be a valid DEA# for a practicing physician.
18.	DEA Suffix (AN)	DEA Suffix	105-108 (4)		Optional

19.	Date Rx Written (N)	Date the Rx was written (YYYYMMDD)	109-116 (8)	Must be a valid date and cannot be subsequent to current date.
20.	Number Refills Authorized (N)	Number of refills authorized by prescriber.	117-118 (2)	Optional
21.	Rx Origin Code (N)	Origin of prescription (0=not specified, 1 – written Rx, 2-Telephone Rx)	119-119 (1)	Optional
22.	Customer Location (N)	Code indicating patient location (00-Not specified, 01=Home, 02=Nursing Home, 03=Outpatient, 04=Hospice)	120-121 (2)	Optional
23.	Diagnosis Code (AN)	ICD-9 or CPT code provided by prescriber	122-128 (7)	Optional
24.	Alternate Prescriber # (AN)	State License Number or HIN, to be included if DEA number field is for an institution rather than the prescriber.	129-138 (10)	Optional
25.	Patient Last Name (AN)	Patient Last Name (up to 15 charsacters)	139-153 (15)	Cannot be blank.
26.	Patient First Name (AN)	Patient First Name (includes middle initial and suffix appended)	154-168 (15)	Cannot be blank.
27.	Patient Street Address (AN)	Stree # or PO Box #	169-198 (30)	Cannot be blank.
28.	State (AN)	Standard two-character abbreviation	199-200 (2)	Must be a valid State Abbreviation.
29.	Zip Code (AN)	Zip code in 5 or 9 digits format without hyphen	201-209 (9)	Must be a vaild zip code for the State Code entered above.
30.	Triplicate Serial Number (AN)	Not used	210-221 (12)	Optional
31.	Status/Filter (AN)	Response status (A – Accepted and R=Rejected)	222-222 (1)	Optional

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Appendix B: Sample Form for Manual Prescription Reporting

Note – This is a sample only – the waiver application form may be obtained via the Michigan.gov/CIS website.

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MAPS Claim Form

Dispenser:

DEA Number:	
Name:	
Addr:	
City:	State:	ZIP

Patient:

Patient ID:		Birth Date (human)
Patient (or Animal owner) First Name:	Last Name:	
Addr:		
Male Female Animal Unknown	State:	ZIP

First prescription for Patient ☐ OR first substance of compounded prescription ☐

Date Written	Prescriber DEA	DEA Suffix		NDC	Quantity
Date Filled	Rx Number			Refill Number	Days Supply

Second prescription for Patient ☐ OR second substance of compounded prescription ☐

Date Written	Prescriber DEA	DEA Suffix		NDC	Quantity
Date Filled	Rx Number			Refill Number	Days Supply

Third prescription for Patient ☐ OR third substance of compounded prescription ☐

Date Written	Prescriber DEA	DEA Suffix		NDC	Quantity
Date Filled	Rx Number			Refill Number	Days Supply

Dispenser: Transmit electronically in ASAP format, or mail original by 15th of the month to:
G. C. Services, 5015 S. Cedar Suite #230, Lansing, MI 48910   Authority: P.A. 231 of 2001

MAPS - Form 001 - 1A - 12/02

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Appendix C: Vendors who indicate ASAP format support

Following is a list of software vendors, service bureaus and centralized data processing facilities which have been contacted on behalf of the Michigan Department of Community Health and have indicated that they will support electronic reporting of prescription data in the ASAP format specified in this document. If the system you use is listed below, you should contact your vendor or corporate contact to determine how this software needs to be installed for your use.

- QS1 Data Systems, Spartanburg, SC
- TechRx DataStat sofware, Atlanta, GA
- TechRx Renlar software, Atlanta, GA
- Tech Rx Condor software,
- Transaction Data Systems RX30 software, Ocoee, FL
- Health Business Systems, Warcaster, PA
- PDX, Granbury, TX
- Zadal/NPS, Vancouver, BC
- JasCorp, Germantown, WI
- CS Systems, Battle Creek, MI
- Compusolve, Highland, IL
- All Walgreens stores
- All Meijer stores
- All CVS stores
- All K-Mart stores
- All Target stores
- All Wal-Mart stores
- All Sav-Mor stores
- All Farmer Jacks Stores
- All Felpausch Stores
- All Kroger Stores
- SRS, Caro, MI
- Pharmacy Systems, Flint, MI
- McKesson, Livonia, MI
- Transaction Data, Ocoee, FL
- Mid Michigan Computer Services, Harrison, MI
- MBI, Little Rock, AR
- DAA Enterprises, Inc., Brookline, MA
- Definitive Home Care Solutions, Columbus, OH